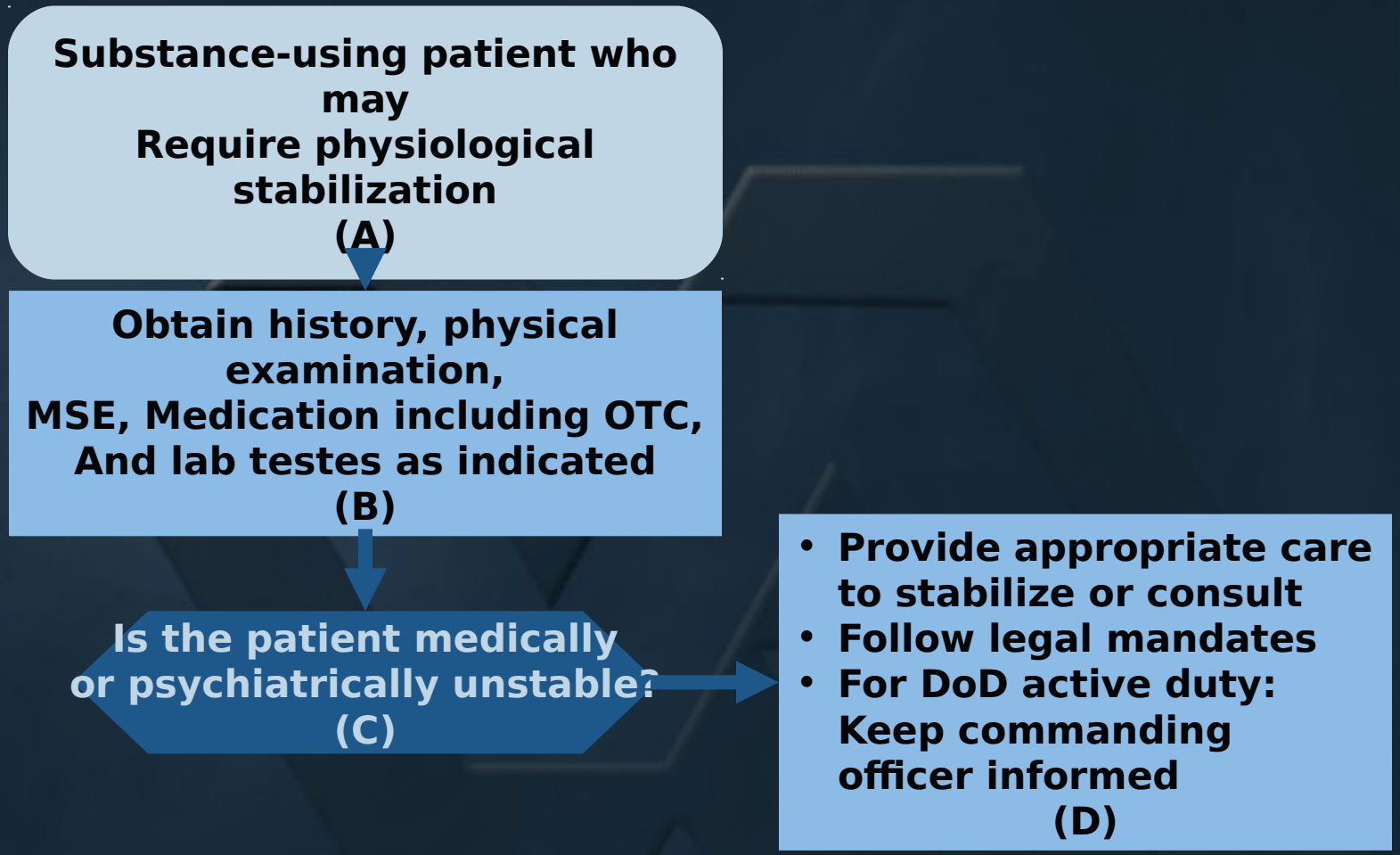
Management of Substance Use Disorders

Module S: Stabilization

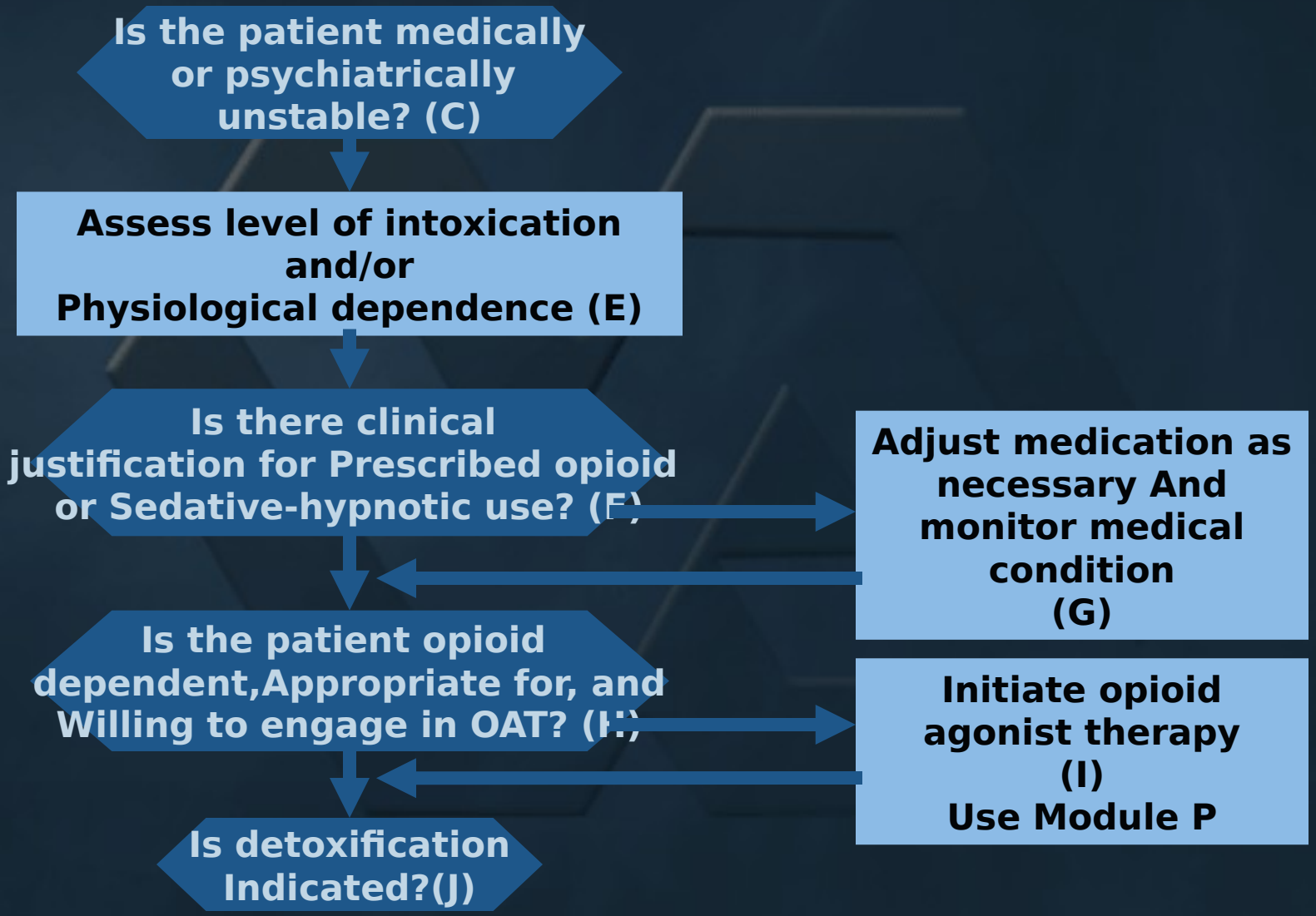

Substance-using patient who may
Require physiological stabilization
(A)
Obtain history, physical examination,
MSE, Medication including OTC,
And lab testes as indicated
(B)
Is the patient medically or psychiatrically unstable?
(C)
• Provide appropriate care to stabilize or consult
• Follow legal mandates
• For DoD active duty: Keep commanding officer informed
(D)

Delirium can be identified through the following:

- **Disturbance of consciousness**
- **A change in cognition or the development of a perceptual disturbance that is not accounted for by a preexisting, established, or evolving dementia.**
- **The disturbance develops over a short period of time and fluctuates**

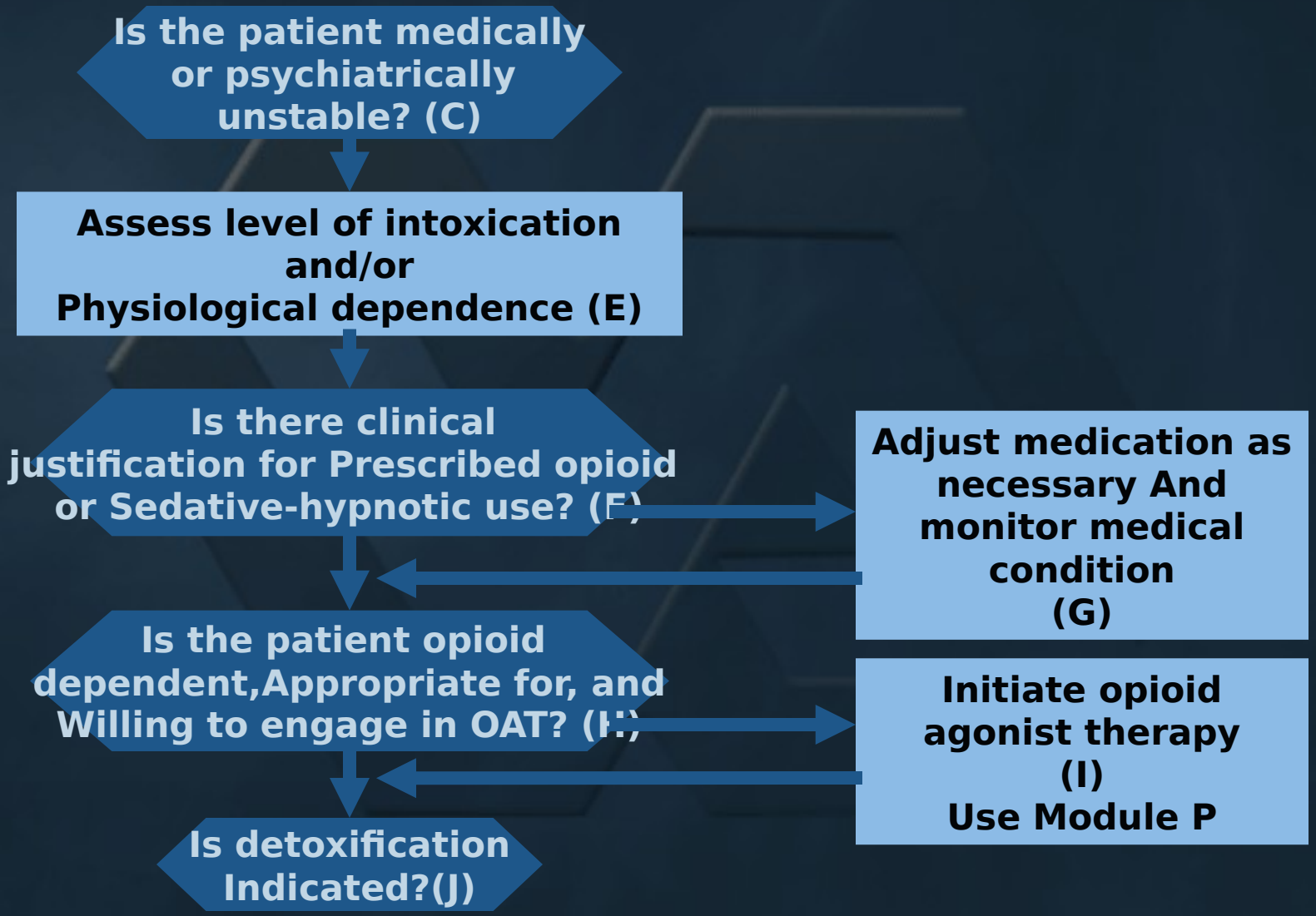
Risk of harm to self or others

- If suicidal ideation is present, the imminent risk increases with various factors
- The patient's history of violent acts.
- Response to counseling.
- Arrange voluntary or involuntary emergency psychiatric treatment and possibly hospitalization for patients with definite intent to harm self or others, particularly those with a plan and the available means.


Is the patient medically or psychiatrically unstable? (C)
Assess level of intoxication and/or Physiological dependence (E)
Is there clinical justification for Prescribed opioid or Sedative-hypnotic use? (F)
Adjust medication as necessary And monitor medical condition (G)
Is the patient opioid dependent,Appropriate for, and Willing to engage in OAT? (H)
Initiate opioid agonist therapy (I) Use Module P
Is detoxification Indicated?(J)

Intoxication and Physiological Dependence

- Alcohol and sedative hypnotics
- Cocaine/Amphetamine
- Opioids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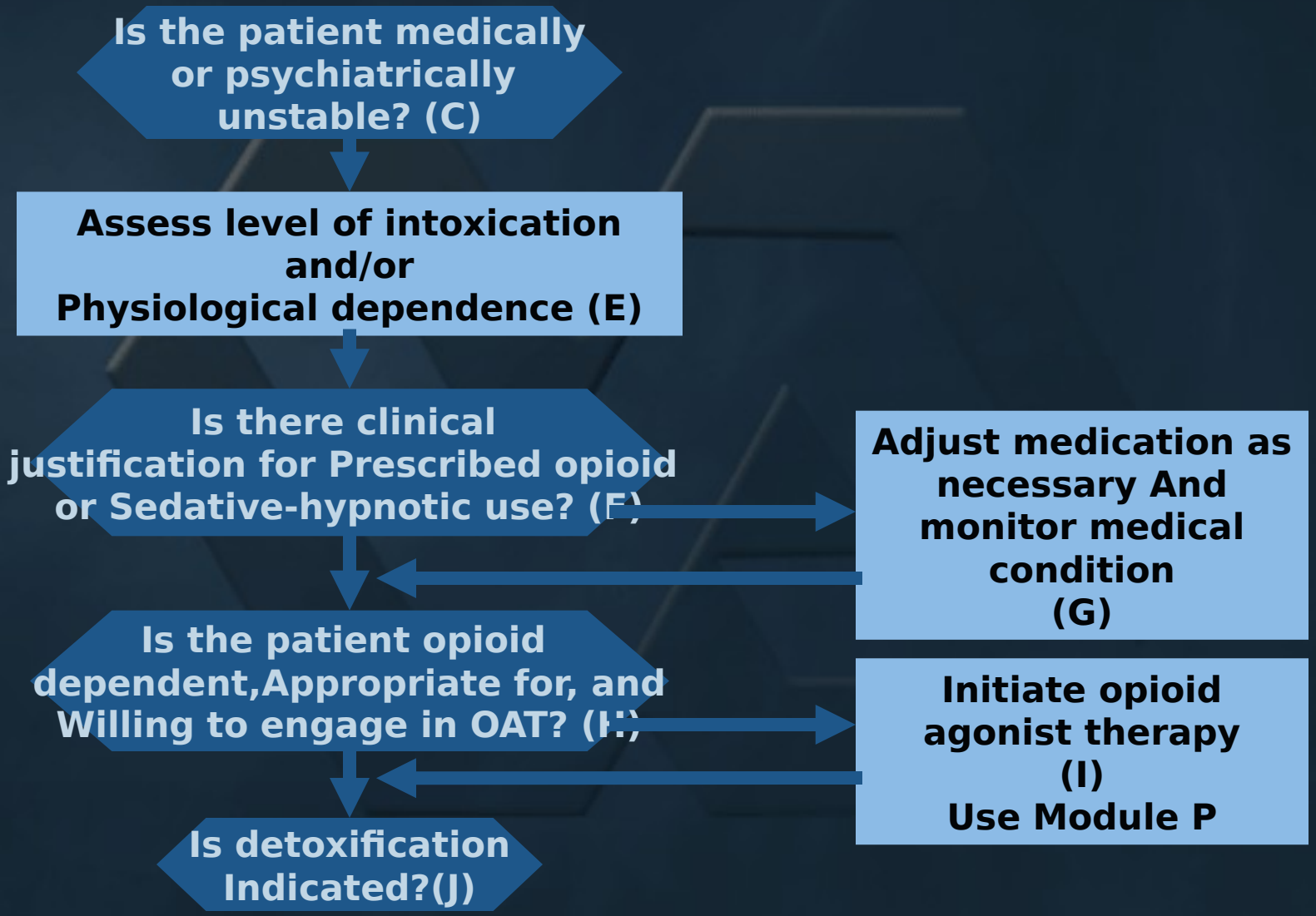
- Distinguish patients with legitimate pain and/or anxiety disorders who develop physiological tolerance during long-term use of prescribed medications, from those with markers of "addict behavior”
- Evaluate opioid dependent patients for severe acute or chronic physical pain.
- Consider patients with a history of substance use disorders (SUDs) to be at elevated risk of receiving inadequate therapy for pain or anxiety.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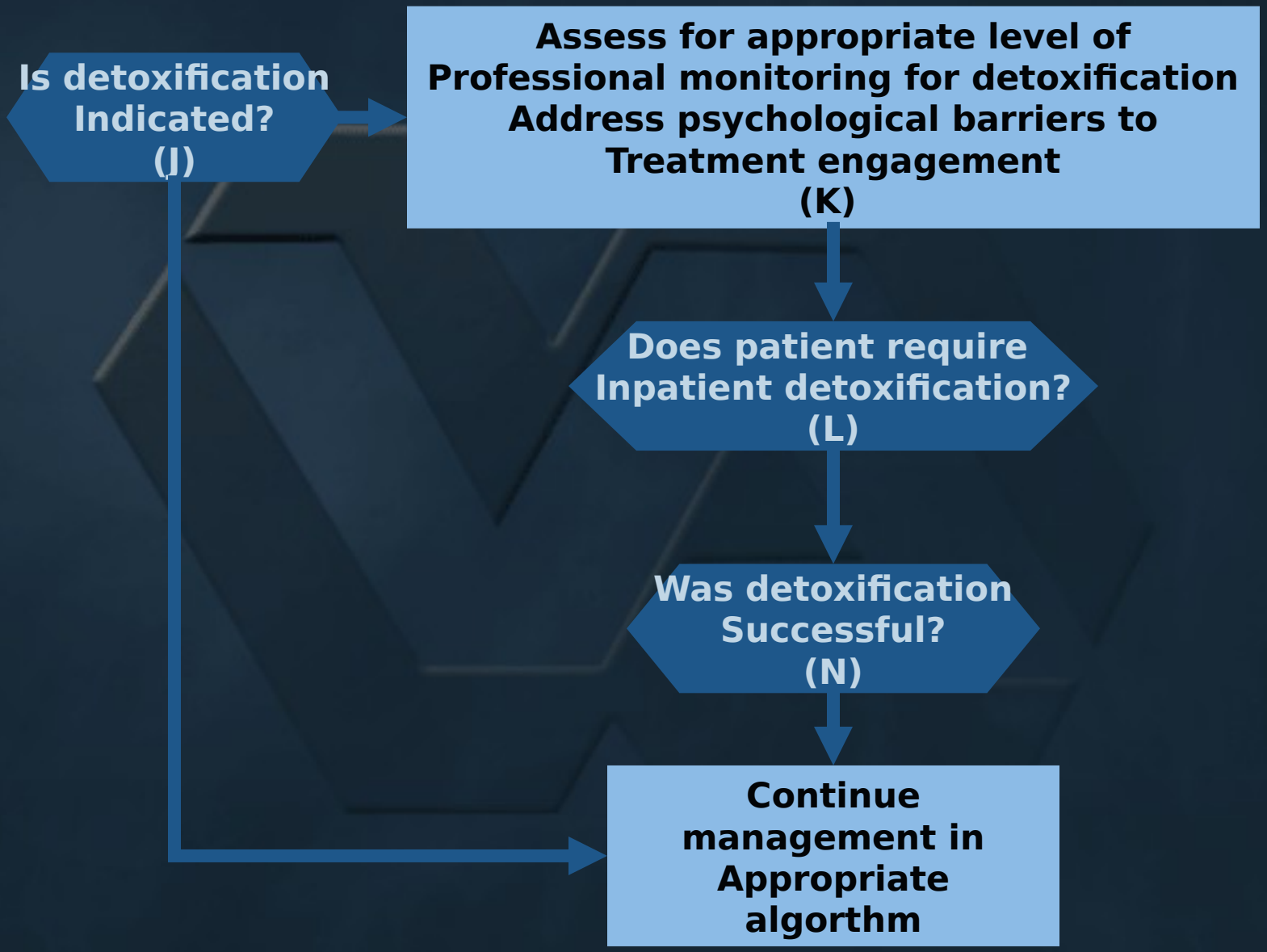
Provide access to OAT for all opioid dependent patients, under appropriate medical supervision and with concurrent addiction-focused psychosocial treatment

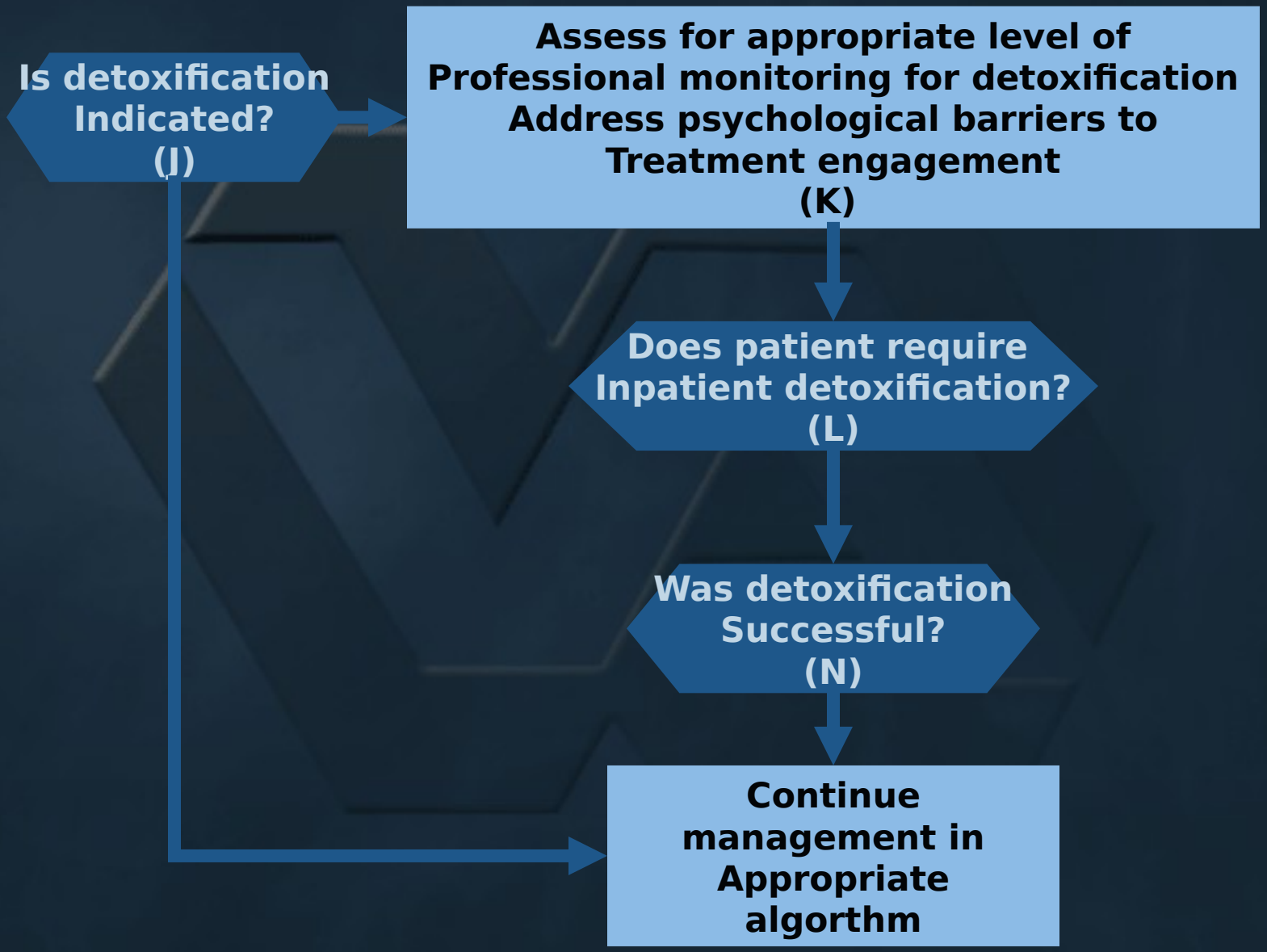

Is detoxification Indicated? (J)
Assess for appropriate level of Professional monitoring for detoxification Address psychological barriers to Treatment engagement (K)
Does patient require Inpatient detoxification? (L)
Was detoxification Successful? (N)
Continue management in Appropriate algorthm

Indications for detoxification from alcohol or sedative-hypnotics

- Medical monitoring of detoxification should be provided for dependence on central nervous system depressants.
- Detoxification from sedative-hypnotics is indicated when there is physical dependence in the absence of clinical indications for ongoing treatment or when accompanied by “addict behavior.”

Indications for opioid detoxification

- It is difficult to identify opioid addicted patients with good prognosis for successful opioid detoxification
- Detoxification is contraindicated for individuals with two or more unsuccessful detoxification episodes within a 12-month period.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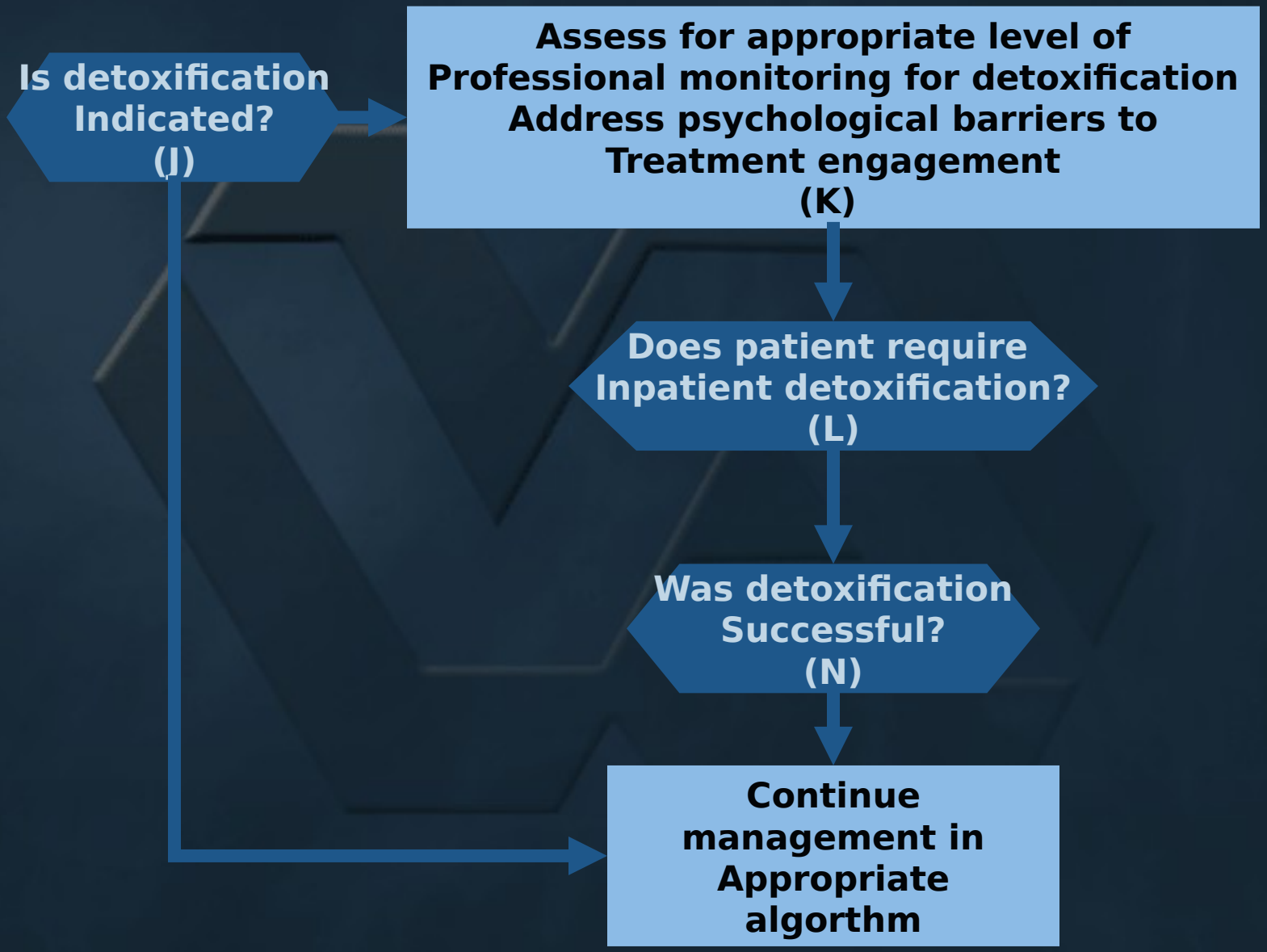
Ambulatory detoxification has the potential advantages of:

- Facilitating continuity of care in the outpatient setting
- Reducing disruption to the patient's life
- Lowering costs in the outpatient setting

- While no definitive standard exists for setting up an ambulatory detoxification protocol, there should be systematic assessment and consistent monitoring.

- Inpatient detoxification allows closer monitoring of withdrawal symptoms and higher likelihood of completing the detoxification protocol.
  - There are fewer logistic medical and legal concerns.
  - While patients are more likely to complete the inpatient detoxification protocol, long-term outcomes do not indicate a difference between inpatient and outpatient detoxification programs.

- Consider the following indications for inpatient detoxification:
  - Current symptoms of moderate to severe alcohol withdrawal
  - History of DTs or withdrawal seizures
  - Inability to tolerate oral medication
  - Recurrent unsuccessful attempts at ambulatory detoxification
  - Reasonable likelihood that the patient will not complete ambulatory detoxification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Detoxification is successful to the degree the patient:

- Is physiologically stable
- Avoids hazardous medical consequences of withdrawal
- Experiences minimal discomfort
- Reports being treated with respect for his or her dignity
- Completes the detoxification protocol
- Engages in continuing care for SUD